11/29/2006 12:03

Image# 26980174234

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Minnesota Life Insurance Company PAC 400 Robert Street North ADDRESS (number and street) Check if different than previously St Paul MN 55101 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00120006 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 07 2006 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Allen Peterson Type or Print Name of Treasurer Electronically Filed by Allen Peterson 11 29 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Minnesota Life Insurance Company PAC [®] D ^b D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 17440.44 2006 January 1 (b) Cash on Hand at 17625.44 Begining of Reporting Period 1690.00 9375.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 19315.44 26815.44 6(a) and 6(c) for Column B) 12500.00 20000.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 6815.44 6815.44 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period:

From:

19

м м 1 0 2006

то.

м м 1 1 ^D 2^D 7

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1630.00	5275.00
	(ii) Unitemized	60.00	4100.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1690.00	9375.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1690.00	9375.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1690.00	9375.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	1690.00	9375.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
_	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	10500.00	00000 00
4	and Other Political Committees	12500.00	20000.00
	(use Schedule E)	0.00	0.00
э.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
c		0.00	0.00
Ο.	Loan Repayments Made		
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12500.00	20000.00
	20, 27, 20, 20, 21, 20(a), 23 and 00(b))		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	12500.00	20000.00
		120000	25300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1690.00	9375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1690.00	9375.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER	R: PAGE 6/15
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	γ not be sold or used by any perso	n for the purpose of so	liciting contributions
or	for commercial purposes, other than using the na	me and ado	dress of any political committee to	solicit contributions fro	m such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	Minnesota Life Insurance Company PAC	;			
A.	Full Name (Last, First, Middle Initial) Paul Anderson			Date of Receipt	
	Mailing Address 400 Robert Street North				7 2006
	City	State	Zip Code	Transaction ID:	SA11A1.5432
	St Paul	MN	55101	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer Minnesota Life Insurance	Occupation		monthly payroll \$30.00	deduction
	Company Receipt For:	Vice Pres	Year-to-Date ▼	_	
	Primary General	, iggi ogalo			
	Other (specify) ▼	0 0	330.00		
В.	Full Name (Last, First, Middle Initial) Barbara Baumann			Date of Receipt	
	Mailing Address 400 Robert Street North			M M / D	7 Y Y Y Y Y Y Y Y Z 0 0 6
	City	State	Zip Code	Transaction ID:	
	St Paul	MN	55101		Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer	Occupation	า	monthly payroll	deduction
	Name of Employer Minnesota Life Insurance Co	•	/ice President	\$20.00	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	220.00		
	Other (specify) ▼	0 0	220.00		
C.				Date of Receipt	
	Mailing Address 400 Robert Street North				7 2006
	City	State	Zip Code	Transaction ID:	
	St Paul	MN	55101	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer Minnesota Life Insurance Co	Occupation Vice Pres		monthly payroll \$50.00	deduction
	Receipt For:		Year-to-Date ▼	1	
	Primary General		550.00		
	Other (specify) ▼	0 0	550.00		
s	UBTOTAL of Receipts This Page (optional)				200.00
Ĕ	390 (000.00)				
T	OTAL This Period (last page this line number onl	ly)	>		

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 15		
	•		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carrinary Fago	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	Minnesota Life Insurance Company PAC					
\angle						
	Full Name (Last, First, Middle Initial)			B . (B		
Α.	Jenean Cordon			Date of Receipt		
	Mailing Address 400 Robert Street North			1 1 2 7 2 0 0 6		
	City	State	Zip Code			
	•	MN	•	Transaction ID: SA11A1.5438		
	St Paul	IVIIN	55101	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		80.00		
	federal political committee.					
	Name of Employer Minnesota Life Insurance	Occupation	า	monthly payroll deduction \$40.00		
	Minnesota Life Insurance Company	Vice Pres	sident	Ψ 10.00		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		110,00	7		
	Other (specify) ▼		440.00			
	Full Name (Last, First, Middle Initial)					
В.	Guy deLambert			Date of Receipt		
	Mailing Address 400 Robert Street North			1 1 2 7 2 0 0 6		
	Cit.	01-1-	7:- 0-4-			
	City	State	Zip Code	Transaction ID: SA11A1.5439		
	St Paul	MN	55101	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		80.00		
	federal political committee.					
	Name of Employer	Occupation	1	monthly payroll deduction \$40.00		
	Minnesota Life Insurance Company	Second \	/ice President	ψ 18188		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		110,00	7		
	Other (specify) ▼		440.00			
_	Full Name (Last, First, Middle Initial)					
C.	Jean Delaney Nelson			Date of Receipt		
	Mailing Address 400 Robert Street North			11 27 2006		
	City	State	Zip Code			
	St Paul	MN	55101	Transaction ID: SA11A1.5440		
		IVIIN	33101	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	rederal political committee.					
	Name of Employer Minnesota Life Insurance	Occupation	า	monthly payroll deduction \$40.00		
	Minnesota Life Insurance Comapny	Vice Pres				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		440.00	7		
	Other (specify)		440.00	1		
_						
				040.00		
S	UBTOTAL of Receipts This Page (optional)			240.00		
T	OTAL This Period (last page this line number or	ıly)				

S	CHEDULE A (FEC Form 3X)		l le e e e e e e e e e e e e e e e e e	FOR LINE NUMBER: PAGE 8 / 15
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)			
$ \rangle$	Minnesota Life Insurance Company PAG	3		
	miniocota Ene modraneo Company i 70			
_	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address 400 Robert Street North			11 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.5441
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer	Occupation	า	monthly payroll deduction
	Name of Employer Minnesota Life Insurance Company		/ice President	\$40.00
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		440.00	1
	Other (specify) ▼		440.00	
В.	Full Name (Last, First, Middle Initial) George Fremder			Date of Receipt
	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y
				11 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.5442
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing	С		80.00
	federal political committee.			as a state to a supelli de divetica
	Name of Employer Minnesota Life Insurance	Occupation		monthly payroll deduction \$40.00
	Company		/ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	
	Other (specify)	-	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
C.	Craig Frisvold			Date of Receipt
	Mailing Address 400 Robert Street North			11 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.5443
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer	Occupation	า	monthly payroll deduction
	Minnesota Life Insurance		/ice President	\$20.00
	Company Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		220.00	
_				
				200.00
S	UBTOTAL of Receipts This Page (optional)			200.00
1				

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 15
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	wisterweeting assist from a scale Department and Otatana and			13 14 15 16 17
or	ny information copied from such Reports and Statements for commercial purposes, other than using the name an	nd ado	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Minnesota Life Insurance Company PAC			
	,			
	Full Name (Last, First, Middle Initial)			
Α.	Mark Green			Date of Receipt
	Mailing Address 400 Robert Street North			11 27 2006
	City Stat	ate.	Zip Code	Transaction ID: SA11A1.5444
	St Paul MN		55101	Amount of Each Receipt this Period
	FFO ID comband and the time			7 tillount of Each recorpt tills I choc
	federal political committee.			40.00
				monthly payroll deduction
	Minnesota Life Incurance	upation	1	\$20.00
	Company Mana		Year-to-Date ▼	_
	Receipt For: Aggr	regate	rear-to-Date V	
	Other (specify)		220.00	
				'
	Full Name (Last, First, Middle Initial)			
В.	Thomas Gustafson			Date of Receipt
	Mailing Address 400 Robert Street North			M M / D D / Y Y Y Y
	City.	***	7in Cada	11 27 2006
	City Stat		Zip Code	Transaction ID: SA11A1.5445
	St Paul MN	N .	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Todardi political committee.			monthly payroll deduction
	Minnocota Life Incurance	upation		\$20.00
	Comapny		/ice President	_
		regate	Year-to-Date ▼	
	Primary General Other (specify)		220.00	
	Curici (Specify)	0		
_	Full Name (Last, First, Middle Initial)			
C.	Greg Hammerly			Date of Receipt
	Mailing Address 400 Robert Street North			1 1 2 7 2 0 0 6
	City Stat	***	Zip Code	
	City Stat St Paul MN		55101	Transaction ID: SA11A1.5446
		<u> </u>	33101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
				monthly payroll deduction
	Minnesota Life Incurance	upation	1	\$20.00
	Company		· · · · ·	4
		regate	Year-to-Date ▼	.]
	Primary General Other (specify)		220.00	
	□ 0.3 (opcosity) ▼	0	0 0 0 0 0 0 0	
	I			
s	UBTOTAL of Receipts This Page (optional)			120.00
ا				
т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 15 (check only one)
Ar	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and ac	ay not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC	and the second s	
Α.	Full Name (Last, First, Middle Initial) Paul Hirschboeck		Date of Receipt
	Mailing Address 400 Robert Street North		11 27 2006
	City State St Paul MN	Zip Code 55101	Transaction ID: SA11A1.5447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Occupati Minnesota Life Insurance Company Actuary	on	monthly payroll deduction \$20.00
	Receipt For: Primary General Other (specify)	te Year-to-Date ▼ 220.00	
В.	Full Name (Last, First, Middle Initial) Gary Kleist		Date of Receipt
	Mailing Address 400 Robert Street North City State	Zip Code	1 1 2 7 2 0 0 6
	St Paul MN	55101	Transaction ID: SA11A1.5448 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Company	Vice President	monthly payroll deduction \$40.00
	Receipt For: Primary General Other (specify) ▼	te Year-to-Date ▼ 440.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dave LePlavy		Date of Receipt
	Mailing Address 400 Robert Street North		111 27 2006
	City State St Paul MN	Zip Code 55101	Transaction ID: SA11A1.5449 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Company	on Vice President & Controller te Year-to-Date ▼ 220.00	monthly payroll deduction \$20.00
s	UBTOTAL of Receipts This Page (optional)		160.00
Т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 15		
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RESENTS		Detailed Summary Page	X 11a 11b 11c 12	٦,,
Δ,	ny information copied from such Reports and Statem	nonto moi	, not be cold or used by any nerce	13 14 15 16	17
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Minnesota Life Insurance Company PAC				
\angle	, <i>,</i>				
	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Catherine McCarty Mailing Address 400 Balant Charat North			Date of Receipt	
	Mailing Address 400 Robert Street North			11 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5451	
	•	MN	55101	Amount of Each Receipt this Period	
	EEC ID assembles of contributions				
	federal political committee.	C		80.00	
	Name of Employer	No o un oti o u	•	monthly payroll deduction \$40.00	
	Minnesota Life Insurance	ccupatior Ianager	1	\$40.00	
	Company		Year-to-Date ▼	_	
	Primary General	iggi ogaio	Tour to Bate V	1	
	Other (specify)		440.00		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 400 Robert Street North			11 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5452	
	•	MN	55101	Amount of Each Receipt this Period	
	EEC ID number of contribution				
	federal political committee.	C		80.00	
				monthly payroll deduction	
	Minneenta Life Incurance	ccupation		\$40.00	
	Olimpany	ice Pres	Year-to-Date ▼		
	Primary General	nggi egale	: Teal-10-Date V	1	
	Other (specify)		440.00		
		-			
_	Full Name (Last, First, Middle Initial)				
C.	Robert Olafson			Date of Receipt	
	Mailing Address 400 Robert Street North			11 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5453	
	•	MN	55101	Amount of Each Receipt this Period	
	EEO ID words on a Constitution	- 1 '			
	federal political committee.	C		100.00	
	Name of Employer			monthly payroll deduction	
	Minnesota Life Insurance	ocupation		\$50.00	
	Olimpany		e Year-to-Date ▼		
	Primary General	.gg. ogulo		1	
	Other (specify)		550.00		
_					
	<u> </u>			200 27	
s	UBTOTAL of Receipts This Page (optional)			260.00	
\vdash			<u></u>	-	
т	OTAL This Period (last page this line number only)		>		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/15
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	atements may	ynot he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Minnesota Life Insurance Company PA	VC.		
Α.	Full Name (Last, First, Middle Initial) Dianne Orbison			Date of Receipt
	Mailing Address 400 Robert Street North	h		1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5454
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Minnesota Life Insurance	Occupation		monthly payroll deduction \$40.00
	Company Receipt For:		ce President	_
	Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		440.00	
— В.	Full Name (Last, First, Middle Initial) Kathy Pinkett			Date of Receipt
	Mailing Address 400 Robert Street North	h		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5455
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	n	monthly payroll deduction \$20.00
	Minnesota Life Insurance Company	Second V	/ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	7
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Paul Rudeen			Date of Receipt
	Mailing Address 400 Robert Street North	h 		11 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.5456
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupation	n	monthly payroll deduction \$20.00
	Minnesota Life Insurance Company	Actuary		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	220.00	1
	Other (specify) ▼			_
s	UBTOTAL of Receipts This Page (optional)			160.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 15
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Minnesota Life Insurance Company PA	/C		
Α.	Full Name (Last, First, Middle Initial) Bruce Shay			Date of Receipt
	Mailing Address 400 Robert Street Nort	h		1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.5457
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Minnesota Life Insurance	Occupation	n ce President	monthly payroll deduction \$40.00
	Co Receipt For:		Year-to-Date V	
	Primary General	, iggi ogaio		7
	Other (specify)		440.00	
— В.	Full Name (Last, First, Middle Initial) Mary Anne Smith			Date of Receipt
	Mailing Address 400 Robert Street Nort	h		M M / D D / Y Y Y Y
	Cit.	04-4-	7in Onda	11 27 2006
	City St Paul	State	Zip Code	Transaction ID: SA11A1.5458
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	า	monthly payroll deduction \$25.00
	Minnesota Life Insurance Company	Director		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		275.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Anthony Thomas			Date of Receipt
	Mailing Address 400 Robert Street Nort	h		1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5460
	St Paul	MN	55101	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer Minnesota Life Insurance	Occupation		monthly payroll deduction \$40.00
	Company		/ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify)		440.00	
	☐ Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			210.00
\vdash			•	
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14/15 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC Full Name (Last, First, Middle Initial) A. Nancy Winter Date of Receipt Mailing Address 400 Robert Street North 1.1 27 2006 City Zip Code State Transaction ID: SA11A1.5459 St Paul MN 55101 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. monthly payroll deduction \$40.00 Name of Employer Minnesota Life Insurance Occupation Second Vice President Company Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	80.00
TOTAL This Period (last page this line number only)	•	1630.00

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		Check o		RFK:		L P	AGE	15 / 1	5
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22		23 28b	24 28c	П	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any political d	COTTIE	iiilee lo s	SOIICIL CO	nimbu	tions ire	om Such	COMM	шиее	
Minnesota Life Insurance Company PAC										
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	SB23.5	5461		
Gil Gutknecht for Congress				Da	te of С	Disburse / D		v v	V *	V
Mailing Address PO Box 6428				1	0 "	2	^D /	2	0 Ď 6	
,	State Zip Code MN 55903			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement		_	-	7 L				. 2	500.0	0
Year to date aggregate \$2,500.00 Candidate Name Gutknecht for Congress			egory/							
	ment For: 2006	- 1	ype							
Senate President	Primary X General Other (specify) ▼									
State: MN District: 1										
Full Name (Last, First, Middle Initial) AMY KLOBUCHAR						t ion ID: Disburse	SB23.5 ement	5467		
Mailing Address 416 6TH STREET SE				1	0	[′] 2	3 /	^Y 2	0 ŏ 6	Y
,	State Zip Code MN 55414			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Year to date aggregate \$5,000.00				† L	•			5	0.000	0
Candidate Name			egory/ ype							
Office Sought: House X Senate President	ment For: 2006 Primary X General Other (specify)	•	, i							
State: MN District: 00										
Full Name (Last, First, Middle Initial) Ramstad Volunteer Committee, Jim					t ion ID: Disburse	SB23.5 ement	5462			
Mailing Address 1809 Plymouth Road S.,	Suite 310			1	0 M	[/] 2	3 /	Ý Ž	0 0 6	Y
City Minnetonka	State Zip Code MN 55305			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Year to date aggregate \$5,000.00			•	1 L				5	0.000	0
Candidate Name Ramstad Volunteer Committee, Jim			egory/ ype							
Senate President	ment For: 2006 Primary X General Other (specify)	•	•							
State: MN District: 3										
SUBTOTAL of Disbursements This Page (optional)			<u>.</u>	L				12	500.0	0
TOTAL This Period (last page this line number only)			. •	L				12	500.0	0